07581

191

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 660

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic	STREET ADDRESS (If rural, give location) R.F.D.#2 Shepards Lane

3. NAME OF DECEASED (Type or Print) C. (First) Willing (Middle) (Last) Browne Jr

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1952

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated | 8. DATE OF BIRTH Feb 28, 1900 | 9. AGE last birthday 52 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Catonsville, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME C Willing Browne | 14. MOTHER'S MAIDEN NAME Louisa Magill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Mrs C W Browne Jr Brookland Ville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho-Pneumonia — 3 weeks

415X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Cardio-Vascular Disease — Years ?

(581) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alcoholism with Cirrhosis of Liver — Years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1952, to July 27, 1952, that I last saw the deceased alive on July 26, 1952, and that death occurred at 12:35A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irving J. Taylor, M.D. | ADDRESS Pinel Clinic, Ellicott City | DATE SIGNED July, 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7-29-52 | NAME OF CEMETERY OR CREMATORY London Park | LOCATION (City, town, or county) Bath Md (State)

DATE REC'D BY LOCAL REG. July 29, 1952 | REGISTRAR'S SIGNATURE John B. Loughran Per. B. E. L. | 24. FUNERAL DIRECTOR George A Farley | ADDRESS Catonsville Md

M

1

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
31 1952
BUREAU V. S.

07582

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poplar
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) Fels Ave

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) E (Last) Dehnhart
4. DATE OF DEATH (Month) 7 (Day) 3 (Year) 1952

5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH 5-12-1875
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Dehnhart
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Frank Valentine 4939 Edgemere Ave Balto Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chr. Uremia	4 mo
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Myocarditis	18 mo
	(c) Cardio - Vascular - Renal disease	8 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 26, 1952, to July 3, 1952, that I last saw the deceased alive on July 2, 1952, and that death occurred at 9:27 A m., from the causes and on the date stated above.

SIGNATURE J Stanley Grabill (Degree or title) ADDRESS McAvoy - Md DATE SIGNED 7/3/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-7-1952
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Ellicott City (State) Md

DATE REC'D BY LOCAL REG. 7-8-52
REGISTRAR'S SIGNATURE E. Pearl Neccier
24. FUNERAL DIRECTOR F. C. Higinbotham ADDRESS Ellicott City Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

RECEIVED
JUL 9 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the cause of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07583

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City, Md.; LENGTH OF STAY (In this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 8 Maryland Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Louise (Last) Ensor
4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept 16, 1868
9. AGE last birthday: 83 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. O. Ensor
14. MOTHER'S MAIDEN NAME: Elizabeth A. Daniels Balto. Md
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Mrs Herman Suter, 8 Md. Ave, Balto (4) Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cerebral Thrombosis	3 hrs
332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cerebral Arteriosclerosis	3 yrs
(c)	Generalized arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis, delerious and confused — 2 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23 1952, to July 10, 1952; that I last saw the deceased alive on July 10, 1952, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Irving J. Taylor M.D. Pinel Clinic, Ellicott City July 10, '52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 7-12-1952 | NAME OF CEMETERY OR CREMATORY Bosley Methodist | LOCATION (City, town, or county) (State) Sparks, Balto Co. Md.

DATE REC'D BY LOCAL REG. July 21, 1952 | REGISTRAR'S SIGNATURE John B. Langhaan Pro. B. & D. | 24. FUNERAL DIRECTOR ADDRESS J. Scott Brooks, Sparks, Md.

RECEIVED
JUL 28 1952
BUREAU V. S.

07584

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 31, Md.
STREET ADDRESS (If rural, give location) 2120 E. Pratt St.

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) (Last) Getz
4. DATE OF DEATH (Month) July (Day) 17 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 1884
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York City, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Max Kimel
14. MOTHER'S MAIDEN NAME Zelda Marg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Edna Raum - 1716 Varnum St. Wash D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Welch Bacillus (gas gangrene) rt leg	1 week
260 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Broncho pneumonia	2 days
	(c) Diabetic arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis due to arteriosclerosis ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1952, to July 17, 1952, that I last saw the deceased alive on July 17, 1952, and that death occurred at 10.40 P.m., from the causes and on the date stated above.

SIGNATURE Irving J. Taylor (Degree or title) M.D. ADDRESS Pinel Clinic, Ellicott City, Md. DATE SIGNED 7/17/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 20, 1952
NAME OF CEMETERY OR CREMATORY Herring Run
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. JUL 20 1952
REGISTRAR'S SIGNATURE Huntington Williams, M.D. John B Laughran
24. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutaw PL ADDRESS

7-22-52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS-A15

RECEIVED
JUL 22 1952
BUREAU W. S.

COPY SENT TO LOCAL REGISTRAR No. ملك DATE 7/22/52

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07585 (93)

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeville (rural) LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 27 3 mile south of Ridgeville, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Floyd
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Floyd
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HARVEY (Middle) J (Last) HARMAN

4. DATE OF DEATH (Month) (Day) (Year) 7-27-52 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7-5-23
9. AGE last birthday 29 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Auto
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME X Stuard S. Harman
14. MOTHER'S MAIDEN NAME XX Ella Clyde Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W 2
16. SOCIAL SECURITY NO. 571-36-5884
17. INFORMANT AND ADDRESS Information in wallet.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture of Skull at base — Interval Between Onset and Death: Instant

8224

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Ridgeville (COUNTY) Howard (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-27-52 1 A. m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Car overturned, threw occupant out beside the highway

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E Burgtorf M.D. (Degree or title) Deputy Medical Examiner of Howard County
ADDRESS Ellicott City, Maryland
DATE SIGNED 7-27-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-29-52
NAME OF CEMETERY OR CREMATORY Topeco
LOCATION (City, town, or county) (State) Floyd, Va.

DATE REC'D BY LOCAL REG. 7/28/52
REGISTRAR'S SIGNATURE John B. Loughran
Per. B. E. L. E. Pearl Mercier
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 6 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07586

CERTIFICATE OF DEATH

Reg. Dist. No. 1-6

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Howard; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge; LENGTH OF STAY (in this place): 4 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Meadowridge Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge; STREET ADDRESS (If rural, give location): Meadowridge Rd.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Harman

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9-22-1869

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Philip G. Harman

14. MOTHER'S MAIDEN NAME: Eliza J. Buckingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-16-5533

17. INFORMANT AND ADDRESS: Mrs. Martha Smith (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) TERMINAL UREMIA -

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIO SCLEROSIS CVD - & CONGESTIVE FAILURE -

(c)

Interval between onset and death:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2, 1952, to 7/24, 1952 that I last saw the deceased alive on 7/24, 1952, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: [illegible] DATE SIGNED: 7/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: July 28, 1952; NAME OF CEMETERY OR CREMATORY: Meadowridge Cemetery; LOCATION (City, town, or county): Howard County; (State): Md.

DATE REC'D BY LOCAL REG.: 7-29-52; REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: MacNabb and Son; ADDRESS: Catonsville

(Miss) Mildred Williams, Registrar - 7-29-52

VS-A15

Duplicate (Film 6145 - 8/1/51)
Lose for one

RECEIVED
JUL 30
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 08021

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 192

1. PLACE OF DEATH: COUNTY Balto. Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodstock
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Court Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto. Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodstock
STREET ADDRESS (If rural, give location) Old Frederick Rd.

3. NAME OF DECEASED (Type or Print) (First) SHIRLEY (Middle) RANDOLPH (Last) JENKINS
4. DATE OF DEATH (Month) 4/49 (Day) 12 (Year) 52
5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12-26-1940
9. AGE last birthday 11 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School boy.
10b. KIND OF BUSINESS OR INDUSTRY none.
11. BIRTHPLACE (State or foreign country) Woodstock Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Louis W. Jenkins.
14. MOTHER'S MAIDEN NAME India Mae Beach
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO. none.
17. INFORMANT AND ADDRESS Louis W. Jenkins Ellicott City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning (accidental) — 18 hrs

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death None.

19a. DATE OF OPERATION None.
19b. MAJOR FINDINGS OF OPERATION None.
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY River.
(CITY OR TOWN) Woodstock (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) July 12 '52 5 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Was floating in an inner tube fell out & drown

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE D. D. Caples Deputy Med. Exam. M.D. (Degree or title) ADDRESS Reisterstown, Md. DATE SIGNED July 13 '52

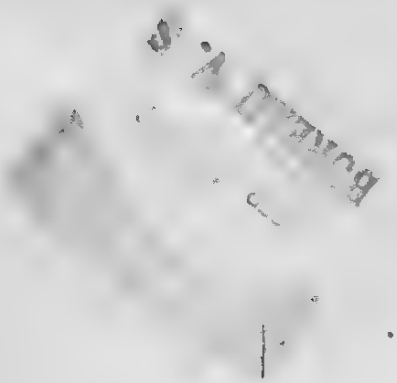
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-15-52
NAME OF CEMETERY OR CREMATORY Mt View
LOCATION (City, town, or county) Alpha (State) Md

DATE REC'D BY LOCAL REG. 7-15-52
REGISTRAR'S SIGNATURE ~~John B. Laughton~~ Pro. B.C.L. Mrs Alice Hebb
24. FUNERAL DIRECTOR F. C. Higinbothom ADDRESS Ellicott City Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ...



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) (Last) Nichols

4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 4-8-1864

9. AGE last birthday: 88 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: farmer

11. BIRTHPLACE (State or foreign country): Dayton Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin F. Nichols

14. MOTHER'S MAIDEN NAME: Mary Jane Hearn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Caskell Nichols - Highland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute Cardiac failure	5 mins
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery occlusion	5 mins
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/7, 1946, to 7/11, 1952, that I last saw the deceased alive on 7/11, 1952, and that death occurred at 1.45 P.M., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Charles S. Whitaker, M.D. | | Clarksville, Md. | 7/14/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 7-14-52 | NAME OF CEMETERY OR CREMATORY: St Marks | LOCATION (City, town, or county) (State): Highland Md

DATE REC'D BY LOCAL REG. 7-14-52 | REGISTRAR'S SIGNATURE: M. A. Whitaker

24. FUNERAL DIRECTOR: F.C. Higinbotham Ellicott City Md | ADDRESS

VS/A15

RECEIVED
JUL 17 1952
BUREAU V. S.

Item 9 FilmG145 8/1/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City, Md.
STREET ADDRESS (If rural, give location) Patapsco Heights

3. NAME OF DECEASED (Type or Print) (First) Sallie (Middle) Ann (Last) Owings
4. DATE OF DEATH (Month) July (Day) 20 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 1886/November
9. AGE last birthday ~~66~~ 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John H. Owings
14. MOTHER'S MAIDEN NAME Sally Ann Dorsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. William R. Dorsey, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
42.1	Immediate cause	(a) Cardiac Failure	2 hrs.
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Broncho-pneumonia	21 hrs.
		(c) Arteriosclerotic cardio vascular disease	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital Microcephaly

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1952 to July 20, 1952 that I last saw the deceased alive on July 20, 1952, and that death occurred at 10:30A m., from the causes and on the date stated above.

SIGNATURE Irving J. Taylor M.D. (Degree or title) ADDRESS Pinel Clinic, Ellicott City, Md. DATE SIGNED July 20 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 22, 1952.
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REG. July 22, 1952
REGISTRAR'S SIGNATURE John B. Loughran Pu. B. E. L.
24. FUNERAL DIRECTOR Easton Sons, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 28 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 19

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mt Airy
LENGTH OF STAY (in this place) 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Long Corner

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mt. Airy
STREET ADDRESS (If rural, give location) Long Corner

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) Anthony (Last) Poole
4. DATE OF DEATH (Month) July (Day) 26 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7/26/52
9. AGE last birthday — yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours 5 | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Alvin Main Poole
14. MOTHER'S MAIDEN NAME Mary Katharyn Herbert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mother - Mt. Airy Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 5 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1952, to July 26, 1952, that I last saw the deceased alive on July 26, 1952, and that death occurred at 6 45 A m., from the causes and on the date stated above.

SIGNATURE W. B. Culwell (Degree or title) M.D. ADDRESS Mt Airy, Md. DATE SIGNED July 26, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 26, 1952
NAME OF CEMETERY OR CREMATORY Pleasant Hill
LOCATION (City, town, or county) (State) Monrovia, Md.

DATE REC'D BY LOCAL REG. 8/11/52
REGISTRAR'S SIGNATURE E. Pearl Meraier
24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

227 [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A10

RECEIVED
JUL 11 1952
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07589

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer Convalescent Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum
STREET ADDRESS (If rural, give location) 404 W. Maple Road

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) A. (Last) SLADE

4. DATE OF DEATH: (Month) July (Day) 20, (Year) 19 52

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: About 1867
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Teamster
10b. KIND OF BUSINESS OR INDUSTRY: Gas & Electric Co.
11. BIRTHPLACE (State or foreign country): New Freedom, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: J. P. Fugman, 404 W. Maple Rd., Linthicum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Arteriosclerotic C.V. Disease — INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of right foot — 2 weeks —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1952, to 7-19, 1952, that I last saw the deceased alive on 7-19, 1952, and that death occurred at 5A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Leo A. Kochman Md. 1037 N. Calvert St. 7/21/52

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF 7/23/52
NAME OF CEMETERY OR CREMATORY New Freedom Cemetery
LOCATION (City, town, or county) New Freedom, (State) Maryland

DATE REC'D BY LOCAL REG. 7-22-52
REGISTRAR'S SIGNATURE A. A. Hedrick
24. FUNERAL DIRECTOR Wm. Cook, Inc., ADDRESS 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07591

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge — LENGTH OF STAY (in this place): 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: BOX 267 A Washington Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: WASHINGTON DC — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON DC
STREET ADDRESS (If rural, give location): 602 3RD STREET NORTHWEST

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ANGELICA MARIE VENEZIANI
4. DATE OF DEATH (Month) (Day) (Year): 7 3 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 25 JAN 1895
9. AGE last birthday: 57 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DOMENICK GIAMPAOLI
14. MOTHER'S MAIDEN NAME: AMELIA POGGI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: PETER J VENEZIANI

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

203 X Immediate cause (a) HEART FAILURE — 3 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) MULTIPLE MYELOMA

(c) MULTIPLE METASTIC LESIONS

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. LOBAR PNEUMONIA

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 NOV., 1951, to 2 JULY, 1952, that I last saw the deceased alive on 2 JULY, 1952, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE: George Edwin Groleau (Degree or title) — ADDRESS: MD Elkridge — DATE SIGNED: Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7/5/52 — NAME OF CEMETERY OR CREMATORY: St Mary's Cemetery — LOCATION (City, town, or county) (State): Lincoln Rd NE., Wash DC.

DATE REC'D BY LOCAL REG.: 7-7-52 — REGISTRAR'S SIGNATURE: (Miss) E. Bird William, Registrar 7-7-52 — 24. FUNERAL DIRECTOR: W.W. Chambers Co — ADDRESS: 1400 Chapin St NW Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JUL 8 1952
BUREAU V. S.